

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 0 7

2. STATE:

Nevada

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

~~October 1, 2000~~ January 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
42 CFR 440.13

7. FEDERAL BUDGET IMPACT:

a. FFY N/A

b. FFY N/A

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

- 1) Attachment 3.1-A, Page 3
  - 2) Attachment 3.1-A, Page 6b
- Both revisions requested by DCFS
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- (see below)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

- Attachment 3.1-A, Page 3
- Attachment 3.1-A, Page 6b

10. SUBJECT OF AMENDMENT: 1) clarifies when funding for case management services are  
permitted for Medicaid-eligible children in inpatient psychiatric settings  
2) clarifies the number of children allowed in therapeutic foster home settings

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Charlotte Crawford

14. TITLE:

Director, DHR

15. DATE SUBMITTED:

16. RETURN TO:

Division of Health Care Financing and  
Policy  
Nevada Medicaid  
2527 N. Carson Street  
Carson City, NV 89706-0113**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

01/08/01

18. DATE APPROVED:

January 25, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

01/01/01

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Linda Minamoto

22. TITLE: Associate Regional Administrator  
Division of Medicaid

23. REMARKS:

10. assisting the consumer to gain access to training programs designed to improve the consumer's needed self-help skills areas;
11. with consumer consent, informing members of his/her family or other caretakers of support necessary to obtain optimal benefits of prescribed medical services;
12. counseling to assist consumers in obtaining needed services;
13. revising the plan of care; and
14. recording the delivery of eligible case management services.
15. Case Management can be provided by the Division of Child and Family Services (DCFS) or the Division of Mental Health and Development Services (MHDS) to severe Emotionally Disturbed Youth (SED) during the last 180 days of institutional placement, to facilitate transition to the community and arrange for any needed medical, counseling, social, or educational services. This service would not duplicate any service provided by the institution. This service is only available to children under the age of 19, who are receiving inpatient psychiatric services that meet the requirements in Federal regulations at 42 CFR440.160.

E. QUALIFICATION OF PROVIDERS

Qualified providers are persons employed by the State of Nevada, Department of Human Resources, other than Medicaid, or organizations affiliated with the University of Nevada School of Medicine who provide case management services and meet one of the following criteria:

1. psychiatrists licensed to practice medicine in Nevada and eligible for certification by the American Board of Psychiatry and Neurology;
2. psychologists licensed to practice in Nevada;
3. social workers who are licensed in Nevada;
4. registered nurses who are licensed in Nevada to practice professional nursing; or
5. nurses, psychiatric caseworkers, mental health technicians, mental health counselors, and child development specialists who work under the direct supervision of a person in classes 1 through 4 above.

F. FREEDOM OF CHOICE

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.

services are those rendered in the natural environment of the youth and family, as well as in office settings. Frequency of contact is variable and determined by the level of need exhibited by the child and family, with an average case requiring approximately five hours of a clinician's time per week. Intensive community-based treatment may occur on a short-term crisis basis or a long-term basis. Medicaid reimburses Intensive Community Based Treatment on a per-hour basis in accordance with Attachment 4.19-B of the State Plan. (See Crisis Intervention for Adults.)

- b. Rehabilitative Partial Care - Services are a free standing day treatment program provided through a psychiatric hospital partial care program, or as a therapeutic program operated in conjunction with educational services. Day treatment programs provide at least two hours per day of counseling, occupational training, skill training with an emphasis on interpersonal problem solving skills and life skills, recreational therapy, crisis intervention and family services. (See Psychosocial Rehabilitation for Adults.) The Partial Care Program is staffed by a licensed psychologist, social worker, or marriage/family therapists, with psychiatric, recreation therapy, and other specialty services available. Medicaid reimburses Rehabilitative Partial Care on a per-hour basis.
- c. Therapeutic Foster Care - This program is offered to eligible children who cannot remain in their own homes or in normal group care or foster care settings. Therapeutic Foster Care parents are specially recruited and professionally trained to work with troubled children. Bachelor's level clinicians provide the training and ongoing intensive clinical support to meet children's basic living, psychotherapeutic, socialization, and skill-training needs. In contrast to other residential care facilities, no more than two children are placed in each therapeutic foster home (not including any biological or adoptive children already living or residing in the home). Bachelor's level professionals provide monitoring and supervision of these homes at a ratio of eight homes to one professional. Placement in Therapeutic Foster Care may be on a short-term basis or long-term basis. (See Residential Rehabilitation for Adults.) Medicaid reimburses treatment services on a daily rate calculated in accordance with the method described in Attachment 4.19-B of the State Plan, excluding room and board costs.
- d. Residential Treatment Levels I - Level I Residential Treatment consists of group or family-based residential care in a facility of 16 beds or less that provides a stable, nurturing environment for the child. Level I care facilities provide a structured, therapeutic routine that assists in remediating deficits in emotional control, social skills, independent living skills, and self-care in accordance with the child's treatment plan. Level I care is staffed by individuals who have special training to deal with developmental, behavioral, and/or emotional problems of children and adolescents. (See Residential Rehabilitation for Adults.) Medicaid reimburses treatment services on a daily rate calculated in accordance with the method described in Attachment 4.19-B of the State Plan, excluding room and board costs.